



**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF THE UNDERSECRETARY FOR HEALTH**

ERNIE FLETCHER
GOVERNOR

DEPARTMENT FOR MEDICAID SERVICES
COMMISSIONER'S OFFICE

JAMES W. HOLSINGER, JR., M.D.
SECRETARY

275 East Main Street, Mailstop 6W-A
Frankfort, Kentucky 40621-0001
(502) 564-4321 (502) 564-0509 Fax
www.chfs.ky.gov

October 7, 2005
Provider Letter #A-215

Dear Hospital Provider:

This provider letter contains important follow-up information regarding co-pays and billing for hospital **outpatient** services.

The Department for Medicaid Services has made changes to the co-pay methodology for hospital outpatient claims processing. In order for providers to series bill, they will need to place the date of each procedure/service on the detail line(s), field 45 for both electronic and paper claims. Failure to populate field 45 for date of service on or after 8/01/05 will result in claim denial(s).

You may contact the Hospitals Branch in the Division of Hospitals and Provider Operations if you have any questions, at 502-564-6511.

Sincerely,

Shannon R. Turner, J.D.
Commissioner

SRT/DB/ak